

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. **09/051549**

FILING DATE

APPLICANT(S)
Alvaro Fernandez

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/		/			
TOTAL DEP.	3	↔	3	↔		↔
TOTAL CLAIMS	4	[REDACTED]	4	[REDACTED]	[REDACTED]	[REDACTED]

TOTAL IND.	[REDACTED]	↔	[REDACTED]	↔	[REDACTED]	↔
TOTAL DEP.						
TOTAL CLAIMS						